

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

In Re:

FELIPE A MARTINEZ ROSARIO

Debtor(s)

Case No: 10-06355 BKT

Chapter 13

MOTION TO INFORM AMENDED PLAN

TO THE HONORABLE COURT:

NOW COMES the debtor, through the undersigned attorney, and very respectfully alleges and prays:

1. That today the debtor is filing an amended chapter 13 repayment plan.
2. That the reason for amendment is to increase the base of the plan.

WHEREFORE, it is respectfully requests to this Honorable Court to take notice of the aforementioned.

RESPECTFULLY SUBMITTED.

I HEREBY CERTIFY that a true and exact copy of the foregoing motion has been filed electronically with the Clerk of the Court using CM/ECF systems which will send notification of such to the Chapter 13 Trustee, and we sent copy of this document through regular mail to debtor (s) and all non CM/ECF participants interested parties to their addresses listed on the master address list.

In San Juan, Puerto Rico this 6th day of December of 2010.

JPC LAW OFFICE

Jose M Prieto Carballo, Esq
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By: /s/ Jose M Prieto Carballo, Esq.

**United States Bankruptcy Court
District of Puerto Rico**

IN RE:

MARTINEZ ROSARIO, FELIPE A

Debtor(s)

Case No. 10-06355-13

Chapter 13

CHAPTER 13 PAYMENT PLAN

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee directly by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

<p>PLAN DATED: _____ <input type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION</p> <p>I. PAYMENT PLAN SCHEDULE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 10%;">260.00</td> <td style="width: 10%;">x</td> <td style="width: 10%;">30</td> <td style="width: 10%;">= \$</td> <td style="width: 10%;">7,800.00</td> </tr> <tr> <td>\$</td> <td>300.00</td> <td>x</td> <td>30</td> <td>= \$</td> <td>9,000.00</td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> </table> <p style="text-align: center;">TOTAL: \$ <u>16,800.00</u></p> <p>Additional Payments: \$ _____ to be paid as a LUMP SUM within _____ with proceeds to come from:</p> <p><input type="checkbox"/> Sale of Property identified as follows: _____ _____ _____</p> <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>Periodic Payments to be made other than, and in addition to the above: \$ _____ x _____ = \$ _____</p> <p>PROPOSED BASE: \$ <u>16,800.00</u></p> <p>III. ATTORNEY'S FEES (Treated as § 507 Priorities)</p> <p>Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ <u>2,544.00</u></p>	\$	260.00	x	30	= \$	7,800.00	\$	300.00	x	30	= \$	9,000.00	\$		x		= \$		\$		x		= \$		\$		x		= \$		<p><input checked="" type="checkbox"/> AMENDED PLAN DATED: <u>12/06/2010</u> Filed by: <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other</p> <p>II. DISBURSEMENT SCHEDULE</p> <p>A. ADEQUATE PROTECTION PAYMENTS OR _____ \$ _____</p> <p>B. SECURED CLAIMS: <input checked="" type="checkbox"/> Debtor represents no secured claims. <input type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Trustee pays secured ARREARS: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 2. <input type="checkbox"/> Trustee pays IN FULL Secured Claims: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder: _____ _____ _____ 5. <input type="checkbox"/> Other: _____ _____ _____ 6. <input type="checkbox"/> Debtor otherwise maintains regular payments directly to: _____ _____ _____ <p>C. PRIORITIES: The Trustee shall pay priorities in accordance with the law. 11 U.S.C. § 507 and § 1322(a)(2)</p> <p>D. UNSECURED CLAIMS: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims.</p> <ol style="list-style-type: none"> 1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: _____ Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 2. Unsecured Claims otherwise receive PRO-RATA disbursements. <p>OTHER PROVISIONS: (<i>Executory contracts; payment of interest to unsecureds, etc.</i>) FAILURE TO TIMELY OBJECT TO THIS PLAN BY A CREDITOR CONSTITUTES A WAIVER OF THE EQUAL MONTHLY AMOUNT METHOD OF PAYMENT 11 USC 1325 (a)(5).</p> <p>ATTORNEY'S FEES WILL BE PAID AHEAD OF SECURED CREDITORS PER 11 USC 330.</p> <p>TAX REFUNDS, IF ANY ARE RECEIVED BY DEBTOR, WILL BE TENDERED TO THE TRUSTEE AS PERIODIC PAYMENTS TO FUND THE PLAN UNTIL PLAN COMPLETION IN ADDITION TO PAYMENTS ALREADY PROVIDED HEREIN. IF DEBTOR(S) NEED TO USE ANY PART OF THESE FUNDS, PROPER AUTHORIZATION WILL BE SOUGHT FROM THE COURT FOR SUCH PURPOSE.</p> <p>DEBTOR WILL CONTINUE DIRECT PAYMENTS TO DSO RECIPIENT</p>
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\$	300.00	x	30	= \$	9,000.00																										
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<p>Signed: <u>/s/ FELIPE A MARTINEZ ROSARIO</u> Debtor</p> <p>Joint Debtor</p>																															

Attorney for Debtor Jose Prieto

Phone: (787) 607-2066

Label Matrix for local noticing
0104-3
Case 10-06355-BKT13
District of Puerto Rico
Old San Juan
Mon Jul 19 17:15:29 AST 2010

ASUME
APARTADO 71414
SAN JUAN, PR 00936-8514

US Bankruptcy Court District of P.R.
U.S. Post Office and Courthouse Building
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

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PO BOX 609
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Po Box 3427
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600 N Royal Ave
Evansville, IN 47715-2612

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End of Label Matrix
Mailable recipients 17
Bypassed recipients 0
Total 17